

DEPARTMENT OF INDUSTRIAL RELATIONS
INDUSTRIAL MEDICAL COUNCIL
395 Oyster Point Blvd., Ste. 102
South San Francisco, CA 94080
Tel: (650) 737-2700 Fax: (650) 737-2989

ADDRESS REPLY TO:
P.O. Box 8888
San Francisco, CA 94128-8888

**NOTICE OF QME UNAVAILABILITY**

(Form must be filed 30 days prior to date of unavailability)

TO: Executive Medical Director
Industrial Medical Council

Please check the appropriate boxes, if you will be unavailable for panel assignment for a period of 14 days or more.

☐ Please accept this notice that I will be unavailable for qualified medical evaluation panel selection assignment:

from _____ to _____
(month, day, year) (month, day, year)

☐ Check here if you have filed for unavailability during the calendar year.

☐ I will no longer be available for qualified medical evaluation assignment. Please remove my name from the list of Qualified Medical Evaluators.

☐ The above information is for all of my QME office locations.

☐ The above information is only for the QME office location(s) listed below.

QME Office Street Address: _____
City _____ CA Zip _____

QME Office Street Address: _____
City _____ CA Zip _____

QME Office Street Address: _____
City _____ CA Zip _____

Signature _____ Date _____ License # _____

Name(print/type) _____ Phone (_____) _____

NOTE: It is not an acceptable reason for unavailability that a QME does not intend to perform evaluations for unrepresented workers. A QME who is unavailable may not perform QME evaluation until the QME has been reinstated. A QME who is unavailable for more than 90 days during the calendar year without good cause may be denied reappointment.

Send this completed form to:

Industrial Medical Council
P. O. Box 8888
San Francisco, CA 94128-8888